

PSH Electronic Application Enhancements

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Summary:

This document explains the June 2010 enhancements to the online (PSH) Special Program application, found on ProviderConnect. It guides you through a portion of the existing workflow and how the enhancements are used.

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Updated on 09/07/2011

Outline of Enhancements

- ▶ Save as Draft functionality (p8–15)
- ▶ The 4th item in the Application Checklist is now only required when a specific priority population is chosen (p17)



Glossary of Terms

- ▶ PSH – Permanent Supportive Housing



Getting Started

The screenshot shows a web browser window with the address <http://www.illinoismentalhealthcollaborative.com/providers.htm>. The page header includes the logo for the Illinois Mental Health Collaborative, the tagline "FOR ACCESS AND CHOICE", and a navigation menu with "About", "Services", "Feedback", and "Contact".

The main content area is titled "Provider Online Services" and features a "Welcome to" message. A blue box with the text "Log in to ProviderConnect" is overlaid on the page, with a red arrow pointing down to the "LOG IN" button. The "LOG IN" button is highlighted with a blue square icon. Other buttons visible are "REGISTER" (with a green square icon) and "DEMO" (with a blue square icon).

Below the buttons, there is a paragraph of text: "Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7."

At the bottom of the main content area, there is another paragraph: "Here you will find a wealth of information developed specifically for you, which include ProviderConnect, the Provider Manual, and links to mental health resources."

On the left side of the page, there is a sidebar with a navigation menu:

- Home
- Provider Home**
- Provider Manual
- Provider Forms
- ReferralConnect

Below the sidebar, there is a photo of a woman and the text "for providers" and "Provider Online Services".

Home Page

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter a Special Program Application
ED1 Homepage
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center

Welcome ILLINOIS TEST PROVIDER . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGES

INBOX **SENT**

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter a Special Program Application**
 - Review an Authorization
 - View Clinical Drafts
- Enter or Review Claims
 - Enter a Claim
 - Review a Claim
 - View My Recent Provider Summary Vouchers
- View My Recent Authorization Letters

Search a Member

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	(MMDDYYYY)
As of Date	<input type="text" value="11172009"/>	(MMDDYYYY)

Search

No change to this screen. Enter Member ID and Date of Birth. (Note: Member ID is equivalent to the Consumer's RIN)

Application Landing Page

Special Program Application

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

***Application Type**
Please only select the Special Program Application Type for which your agency is approved.

SELECT...
PERMANENT SUPPORTIVE HOUSING
MONEY FOLLOWS THE PERSON
RAPID RE-INTEGRATION

Tax ID: _____ Provider ID: **299084** Provider Last Name: **JANET WATTLES MENTAL** Vendor ID: **IL1000000**

Consumer ID: **748159263** Last Name: **JONES** First Name: **GARY** Date of Birth (MMDDYYYY): **01011985**

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: _____ Does this Document contain clinical information about the Consumer? Yes No

*Document Description: SELECT... UploadFile Click to attach a document Delete Click to delete an attached document

Attached Document: _____

Back Next

No change to this screen.
Select the type of application you want to submit and upload corresponding documents.

'Save Request as Draft' and Authorized User Functionality

Staging PROVIDERCONNECT
OPTIONS

ProviderConnect Home

Special Program Application

Application Number 01-072610-1-42-1	Application Date 07/28/2010	Application Type PSH	Consumer Name ILLTEST MEMBER01	Provider Name HEALTH CENTER JANET WATTLES MENTAL	Provider Alternate ID 0204
	Consumer ID ILLTEST01	Provider ID 299084	Authorized User <input type="text"/>	Save Request as Draft	

Application

Intake Request Date
(applicable for PSH application only) (MMDDYYYY)

Section 1: Applicant (Head of Household) Information

Phone # Mobile #

Work # Ext

Email

*Race
 White Asian Native Hawaiian or Other Pacific Islander

The "Save Request as Draft" button allows you to save an application that is not ready to be submitted.

Use this field only if you would like another user to have the ability to view the application draft. **An Authorized User must be pre-authorized and set up by the Collaborative.** If there is an ID entered, that user will be able to view the saved draft only, not the submitted application.

Save as Draft Information Message

The screenshot displays a web application interface for 'Special Program Application'. At the top left, there is a logo for 'PROVIDERCONNECT Staging' with 'OPTIONS' below it. A 'ProviderConnect Home' button is located at the top right. The main content area is titled 'Special Program Application' and contains several fields: 'Application Number' (01-072610-1-42-1), 'Application Date' (07/28/2010), 'Application Type' (PSH), 'Consumer ID' (ILLTEST01), 'Provider ID' (299084), 'Authorized User' (empty field), and 'Provider Alternate ID' (0204). A 'Save Request as Draft' button is positioned on the right side of the application details. Below this, the 'Application' section includes an 'Intake Request Date' field with the value '07262010'. A 'Microsoft Internet Explorer' dialog box is overlaid on the screen, containing a question mark icon and the following text: 'Your application has been saved and will be available to complete until 08/27/2010 . You must complete and submit the request for this application to be reviewed. Click OK to save this application as a draft. Please note - attachments will not save with this draft - any attachments will need to be added again prior to submitting final request. Click Cancel to continue without saving.' The dialog box has 'OK' and 'Cancel' buttons. The background application form shows 'Section 1: Appli' and various input fields for 'Phone #', 'Work #', 'Email', and 'Fax #'. At the bottom, there is a '*Race' section with radio button options: 'White' (checked), 'Asian' (checked), 'Black or African American', and 'Native Hawaiian or Other Pacific Islander'.

When "Save Request as Draft" is clicked, an information box will appear. It states the time frame the draft can be worked with and reminds the user that attachments are not saved with a draft.

ProviderConnect Home Warning Message

The screenshot displays the 'ProviderConnect Staging' application interface. At the top, there is a header with the 'Staging' logo and 'CONNECT' text. Below the header, the page is titled 'Special Program Application'. A form contains fields for 'Application Number' (01-072610-1-42-1), 'Application Date' (07/26/2010), 'Applicat' (PSH), 'Consum' (ILLTES), 'MENTAL', and 'Provider Alternate ID' (0204). A 'Save Request as Draft' button is visible. A blue text box with a white border contains the text: 'To return to the home page click "ProviderConnect Home". When this is clicked, a warning message will appear. If the application has not already been saved as a draft, you will lose your data if you continue.' A red arrow points from this text box to a 'ProviderConnect Home' button in the top right corner. Another red arrow points from the same text box to a warning message dialog box that is open in the foreground. The dialog box has a title bar 'Microsoft Internet Explorer' and a question mark icon. The text inside the dialog box reads: 'WARNING: You have not successfully completed your Special Program Application. If you exit at this point without saving the application as a draft, all information will be lost and your application will not be submitted. Do you want to continue (clicking cancel will abort this action and you may continue with your application)?'. There are 'OK' and 'Cancel' buttons at the bottom of the dialog box. The background application form shows 'Section 1: App' with fields for 'Phone #' (111 111), 'Work #', 'Email', 'Fax #', and a '*Race' section with radio buttons for 'White', 'Black or African American', 'Asian', and 'Native Hawaiian or Other Pacific Islander'.

View a Saved Application Draft

The screenshot displays the ProviderConnect website interface. On the left is a vertical navigation menu with the following items: Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization Request, View Clinical Drafts, Claim Listing and Submission, Enter a Special Program Application, EDI Homepage, On Track Outcomes, Reports, My Online Profile, My Practice Information, Provider Data Sheet, Compliance, Handbooks, Forms, Network Specific Information, and Education Center. The main content area features a welcome message: "Welcome ILLINOIS TEST PROVIDER . Thank you for using ValueOptions ProviderConnect." Below this is a "YOUR MESSAGE CENTER" section with "INBOX" and "SENT" icons, and a message stating "Your Recent Inquiries box is empty". A section titled "WHAT DO YOU WANT TO DO TODAY?" contains several menu items: "Eligibility and Benefits" (with sub-items "Find a Specific Member" and "Register a Member"), "Enter or Review Claims" (with sub-item "Enter a Claim"), "Enter or Review Authorizations" (with sub-items "Enter an Authorization Request", "Enter a Special Program Application", "Review an Authorization", and "View Clinical Drafts"), and "Provider Summary Vouchers" (with sub-item "View My Recent Authorization Letters"). The "View Clinical Drafts" link is circled in red. A callout box with a blue background and black border contains the text "To view a saved application draft select 'View Clinical Drafts'." with a red arrow pointing to the circled link.

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter a Special Program Application

EDI Homepage

On Track Outcomes
Reports

My Online Profile
My Practice Information
Provider Data Sheet

Compliance
Handbooks

Forms

Network Specific Information

Education Center

Welcome ILLINOIS TEST PROVIDER . Thank you for using ValueOptions
ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Claims
 - Enter a Claim
- Enter or Review Authorizations
 - Enter an Authorization Request
 - Enter a Special Program Application
 - Review an Authorization
 - View Clinical Drafts
- Provider Summary Vouchers
 - View My Recent Authorization Letters

To view a saved application draft select "View Clinical Drafts".

View Clinical Drafts Screen

View Clinical Drafts

Please select the Provider ID below to view and click the Search Drafts button to view Saved and Expired Clinical Requests or Saved and Expired Plans for a different provider.

* Provider ID

299084

Search Drafts

Saved Special Program Application Drafts

Special Program Application Requests include Permanent Supportive Housing, Money Follows the Person and Rapid Re-integration applications that have been saved as a draft. These drafts will automatically expire 30 days after the initial save date.

Delete Saved Application Drafts

[Next >>](#)

	Initial Saved Date	Consumer ID	Consumer Name	Provider ID	Application Type	Authorized User	
<input type="checkbox"/>	07/07/2010	ILLTEST01	MEMBER01, ILLTEST	299084	PSH		View Open

[Next >>](#)

Expired Special Program Application Drafts

Expired Special Program Application Drafts include Permanent Supportive Housing, Money Follows the Person and Rapid Re-integration applications that have expired within the last 30 days.

	Initial Saved Date	Consumer ID	Consumer Name	Provider ID	Application Type	Authorized User	
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No Expired Draft Requests to display

Drafts are saved for 30 days and can be viewed, printed, opened, or deleted.

Drafts that have expired will be shown here for an additional 30 days.

Opening a Draft – Application Landing Page

Special Program Application

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

***Application Type**
Please only select the Special Program Application Type for which your agency is authorized.

PERMANENT SUPPORTIVE HOUSING ▾

▶ Provider

Tax ID	Provider ID 299084	Provider Last Name JANET WATTLES MENTAL	Vendor ID IL1000000
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▶ Consumer

Consumer ID ILLTEST01	Last Name MEMBER01	First Name ILLTEST
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Attachments are not saved with drafts. You must re-attach any documents necessary.

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Consumer? Yes No

*Document Description:

Click to attach a document *Click to delete an attached document*

Attached Document:

Modifying the Application Draft

PROVIDERCONNECT
Staging
OPTIONS

ProviderConnect Home

Special Program Application

Application Number 01-072610-1-42-1	Application Date 07/26/2010	Application Type PSH	Consumer Name ILLTEST MEMBER01	Provider Name HEALTH CENTER JANET WATTLES MENTAL	Provider Alternate ID 0204
	Consumer ID ILLTEST01	Provider ID 299084	Authorized User <input type="text"/>	<input type="button" value="Save Request as Draft"/>	

Application

Intake Request Date
(applicable for PSH application only) (MMDDYYYY)

Section 1: Applicant (Head of Household) Information

Phone # <input type="text" value="111"/> <input type="text" value="111"/> <input type="text" value="1111"/>	Mobile # <input type="text" value="222"/> <input type="text" value="222"/> <input type="text" value="2222"/>
Work # <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>	Pager # <input type="text"/> <input type="text"/> <input type="text"/>
Email <input type="text"/>	Fax # <input type="text"/> <input type="text"/> <input type="text"/>

*Race

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input checked="" type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

The Intake Request Date is not saved with the draft. The Intake Request on file is used with the first submitted application.

All other application data is shown just as it was saved.

Application Submission

the signature page not be faxed to the Collaborative within one business day; the application will not be considered for processing. The provider will be required to request a new intake for application and to submit a new application.

Please confirm your acknowledgement of these conditions.

I understand and affirm that if the applicant is approved for a Bridge Subsidy and is currently residing in a DMH contracted supervised or supported residential treatment setting (including MH-CILA) he or she will move out of this setting to execute the Bridge Subsidy:

*Enter Applicant`s Name	Signature	*Date (MMDDYYYY)
<input type="text" value="Sample Applicant"/>	<input type="text" value="Enter on printed form"/>	<input type="text" value="07262010"/> 
*Enter Care Manager`s Name	Signature	*Date (MMDDYYYY)
<input type="text" value="Sample Manager"/>	<input type="text" value="Enter on printed form"/>	<input type="text" value="07262010"/> 

I authorize the Division of Mental Health and its contracted entities, the Mental Health Collaborative for Access and Choice and/or the Permanent Supportive Housing Bridge Subsidy Administrators, to utilize the information contained in this application to determine my eligibility for DMH Bridge Subsidy Initiative and to contact my care manager with questions or information regarding this application. I agree to complete additional forms/documentation that may be required. This information is true to the best of my knowledge.

*Enter Applicant`s Name	*Date (MMDDYYYY)
<input type="text" value="Sample Applicant"/>	<input type="text" value="07262010"/> 

I certify that I have reviewed all information contained in this referral with the Applicant and that all information is true to the best of my knowledge.

*Enter Care Manager`s Name	Signature	*Date (MMDDYYYY)
<input type="text" value="Sample Manager"/>	<input type="text" value="Enter on printed form"/>	<input type="text" value="07262010"/> 

Thank you for completing the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative. The information you have provided will be reviewed and a response will be mailed to you within 10 business days of the receipt of the Application.

Once the application is complete and ready to submit, simply click submit at the bottom of the page.

Determination Page

PROVIDERCONNECT
Staging
OPTIONS

[ProviderConnect Home](#)

Determination Status: ***** **PENDED** *****

Inquiry: 07292010-8760636-010000

Provider ID 299084	Subscriber Name ILLTEST MEMBER01	Subscriber ID ILLTEST01	
Provider Alternate ID 0204	Member Name ILLTEST MEMBER01	Member ID ILLTEST01	Member DOB 01/01/1980

Provider Name & Address

Application Date
07/26/2010

Application Type
PSH - PERMANENT SUPPORTIVE HOUSING

Application Printing Options
(For the best print results, please print in 'landscape' format)

Print Application Result <i>Click to print the entire Special Program Application</i>	Print Signature Page <i>Click to print the signature page</i>	Print Results <i>Click to print the Results (this) page</i>
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[Return to Provider Home](#)
Click to return to the ProviderConnect home page

The supported browsers, for the Special Applications workflow, are IE6 and IE7.

4th Item in Application Checklist Enhancement

3. Please indicate which of the following categories best apply to the consumer. At least one must be checked for the application to be considered eligible for the DMH Bridge Subsidy Initiative.

Resident of a Long Term Care Facility (nursing facility)

Name of Facility

Location of Facility (City/State)

At risk of placement in a Long Term Care Facility.
 To qualify for this priority population category, you must also answer "yes" to the following question:

Has the applicant had a recent (within 60 days) Pre-Admission Screening/Mental Health and been either determined to be appropriate for Long Term Care admission on a time limited basis or at risk of Long Term Care admission due to the lack of community resources/residential alternatives? Yes No

Application Checklist (Please indicate if document is attached)

All required supporting documents for this application, including the application, must either be attached as "secure clinical" documents to this application or as "secure clinical" documents to this application completion. Should the required documents not be faxed, the application will not be considered for processing. The provider will be required to request the documents.

Attached Faxed

<input type="radio"/>	<input type="radio"/>	*A copy of the Mental Health Assessment within one year of the date of the last clinical changes during this time frame. The document must be completed within 60 days of the application.
<input type="radio"/>	<input type="radio"/>	*A copy of the LOCUS assessment completed within 60 days of the application.
<input type="radio"/>	<input type="radio"/>	*A copy of the Treatment Plan completed within six (6) months of the application.
<input type="radio"/>	<input type="radio"/>	If "at risk of nursing home placement" is selected as the priority population for this application, A Copy of the Determination Letter for the Pre-Admission Screening/Mental Health (PAS/MH) must be submitted. The PAS/MH must have been completed within 60 days of the application.
<input type="radio"/>	<input type="radio"/>	*Completed application appendix document: Household Income Chart
<input type="radio"/>	<input type="radio"/>	*Documentation of income such as a pay stub or social security letter

If "At risk of placement in a Long Term Care Facility" is chosen as the priority population, then the 4th item in the Application Checklist becomes required.

If "At risk of placement in a Long Term Care Facility" is **NOT** chosen as the priority population, then the 4th item in the Application Checklist does **NOT** require an answer.

Supported Browsers

- ▶ DHS/DMH and the Collaborative recommend using one of the following browsers when working in the Special Application workflow.
 - Internet Explorer 6
 - Internet Explorer 7



Technical Problems??

- ▶ EDI Help Desk (888) 247-9311
7 AM To 5 PM CST (Mon - Fri)
 - Examples of Technical Problems:
 - Account disabled or forgot password
 - System “freezing” or crashing
 - System unavailable errors

- ▶ If questions regard the content of the application, you may contact Lindsay Huth at (312) 814-4822.



PSH Training Documentation

- ▶ All documentation used in today's presentation will be posted to the Collaborative Website, on or before 9/16/2011.
- ▶ The documents can be found at http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm within the "Training" section of the page.

